Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10-766-418

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					10010		Ì			OR 7			
			23			5557704		RATE BASIC FEE	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3			X\$ 9=		OR	X\$18=	54	
INDEPENDENT CLAIMS			3 minus 3 =		• 0			X43=		OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT	RESENT				+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in col						column 2		TOTAL		OR	TOTAL	824	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
_		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colun		(Column 3)	· ·_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	n	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus .	***	CI AINA	<u> </u>		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
· · · L											TOTAL		
		(Column 1)		Α	DDIT. FEE			ADDIT. FEE					
~		CLAIMS		(Colum	EST	(Column 3)	lг	1	ADDI-		. 1	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Ind pendent	*	Minus	***		= .		X43=		OR	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
							L	+145= TOTAL		OR	+290=		
										OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)						·	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		ای	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* 14	the entry in colur		+145=		OR	+290=							
**	the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	AL	TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE		
		ber Previously Paid					foun	d in the appr	opriate box	in colu	ımn 1.		